North Carolina – Treatment Outcomes and Program Performance System (NC-TOPPS) Advisory Committee October 27, 2005 Meeting Minutes

Attendees

Member/Representatives:

Sonja Bess	Mental Health Services of Catawba County
Sharon Garrett	Vision Consulting, LLC
Mackie Johnson	Piedmont Behavioral Health (PBH)
Eric Luttmer	Coastal Horizons Center, Inc.
Becky Page	Southeastern Center for MH, DD & SAS
David Peterson	Wake County Human Services
Andy Smitley	Sandhills Center for MH, DD & SAS
Janice Stroud	The Durham Center Providing Behavioral Health & Disability Services

Guests:

Al Bethke	RTI
Margaret Clayton	Vance, Granville, Franklin and Warren
Tad Clodfelter	SouthLight
Carol Council	RTI
Sherri Green	Division Evaluation Contractor
Erin Kennedy	Innovation Research and Training, Inc.
Janis Kupersmidt	Innovation Research and Training, Inc.
Densie Lucas	Cumberland County MHC
Donna Medeiros	RTI
Christina Rausch	Private Contractor
Stephanie Weeks	Innovation Research and Training, Inc.

Staff:

Spencer Clark	Division of Mental Health Developmental Disabilities and Substance Abuse Services (DMHDDSAS)
Ward Condelli	DMHDDSAS
Adolph Simmons	DMHDDSAS
Shealy Thompson	DMHDDSAS
Karen Eller	North Carolina State University's Center for Urban Affairs and Community Services (NCSU CUACS)
Jaclyn Johnson	NCSU CUACS
Kathryn Long	NCSU CUACS
Mindy McNeely	NCSU CUACS
Marge Cawley	National Development and Research Institutes, Inc. (NDRI)
Gail Craddock	NDRI
Bob Hubbard	NDRI

Meeting Convened

- Marge Cawley convened the meeting at 10:07 a.m. with self-introductions.

July 28, 2005 Meeting Minutes Approved

SFY 2005 Feedback Reports

- Gail Craddock, NDRI, led the discussion. She distributed handouts that she walked through. (If you desire these handouts, please contact cawley@ndri-nc.org .)
- The handout titled, "Number of NC-TOPPS High Management Assessments SFY 2004-2005," displays the number of high management Assessments received through the NC-TOPPS online system. The table provides the number of Initials, the various Updates, and the Transfer and Discharge Assessments received during the past fiscal year. High management consumers were selected since almost every LME had high management consumers. She noted that there are cases where neither an Update nor a Transfer/Discharge was completed during the year on consumers who had Initials. This highlighted the need for emphasizing the completion of Updates and Transfers/Discharges to improve our outcome data.
- All attendees received an example of the High Management tabular report that she had prepared. For those members representing a provider program or an LME Craddock provided a High Management report for their specific provider or LME. This tabular report provides demographic, performance and outcome information on a specific program compared to all other high management consumers and to all high management consumers. Each table also shows the percentage point difference from all other high management consumers. The data in this report is cross-sectional.
- Craddock then shared her plans on what reports she anticipates to publish in the next year. She started out this discussion by sharing that in the first two months of the current year we have already surpassed the total number Assessments received all last fiscal year. She plans to have templates of the graphic report that will capture the six different age and type of disability Assessments. She will have templates for the Adult Mental Health, Adolescent Mental Health, Child Mental Health, Adult Substance Abuse, Adolescent Substance Abuse and Child Substance Abuse that provide information on each group singly. The other templates for each age and disability group will be a graphic report that provides a comparison. This comparison could be for a specific target population in one LME compared to this target population statewide. Once the template is built Craddock could handle special requests that she could fit into the graphic report.
- Craddock proposed that she can have ready in January a report for Initial Assessments on this year's first six-month data. The plan is to post this report on the online system for super users to have access to it under Administrative Tools.
- Attendees suggested what reports LMEs will desire.
  - They will want reports that compare their providers to each other.
  - Compliance issues will remain a big concern for awhile.
- A question was raised on what inferences can be made from these types of reports. No inferences can be made from these reports. However, some conclusions can be

drawn, such as trends. In addition, these reports can be used for developing questions that can be investigated through more analysis.

- Craddock asked to whom she should send reports when she emails them out to members. Becky Page requested that Southeastern Center reports be sent to her.

Update on Online Submissions and October Training

- Mindy McNeely, CUACS, updated the Committee on the number of online submissions we have had during the first two months of this fiscal year. From July 1 through September 30, 2005, we have had 23,000 plus substance abuse and mental health Initial Assessments submitted.
- McNeely then shared highlights from the October 17 training in Raleigh. She noted that this training was a train the trainer for the LMEs with a few providers attending. She briefly described the training session.
- She focused on the addition of a breakout session that was part of the training. McNeely provided examples of some of the questions the breakout groups were asked to address. These included:
  - Does your agency have any plans for the use of NC-TOPPS data? If yes, what are these?
  - What kinds of things would like to see as queries?
  - What would help you ensure that NC-TOPPS interviews are being completed?
  - What NC-TOPPS data would you like to see to help your agency in their QI efforts?
- CUACS will do an analysis of the answers which will be used to guide the management team in deciding the reports and queries to develop.

Super User Capabilities

- Karen Eller, CUACS, began with discussing the current capabilities that super users have access to online. They are able to run queries on the list of incomplete Assessments, change consumer's clinician, print an Assessment Report for a consumer, if the clinician forgot to do so.
- Next week she hopes to have a handful of queries that can be run. She provided a handout with examples of some prepared queries. (Please contact Cawley@ndri-nc.org if would like a copy of this handout.) The queries she provided include:
  - Initial, Update, Transfer/Discharge Assessments by Gender
  - IPRS Adult Target Populations by Gender
  - Initial Assessments by IPRS Adult Target Populations and Education Level
  - IPRS Child Target Populations by Gender
  - Initial Assessments by Gender and Ethnicity
  - Assessments by Diagnostic Classification
- Members offered suggestions on data elements that they would like included in the queries.
- In addition, a few members discussed issues that they have. For example, one member pointed out that NC-TOPPS is based on enhanced services which as with the new service definitions have not been approved yet. Shealy Thompson responded that the Guidelines are being re-vamped to remove the enhanced services terminology. The revised Guidelines will refer to services as part of a target population. Mackie Johnson, Piedmont, noted that Piedmont has target populations different from IPRS.

He will find out from Deborah Merrill, Division staff, information to determine a crosswalk from the IPRS and Piedmont's target populations.

MAJORS

- Spencer Clark introduced Janis Kupersmidt and Stephanie Weeks from Innovation Research and Training, Inc. (IRT) who led a discussion on the Managing Access for Juvenile Offender Resources and Services (MAJORS) program.
- Drs. Kupersmidt and Weeks worked off of a PowerPoint presentation. (Please contact Cawley@ndri-nc.org if would like a copy of this PowerPoint presentation.)
- Kupersmidt began the presentation with a description of MAJORS. MAJORS was created to provide intensive, community-based substance abuse case management and treatment services to adjudicated youth and their families. MAJORS is also the primary reentry program for incarcerated, substance abusing adolescents returning to the community. Her presentation included description of the standardized screening protocol, program locations, demographics of MAJORS' participants and screening outcomes for substance abuse and mental health.
- Weeks focused on the data. She highlighted various measures on tobacco and drug and/or substance use. NC-TOPPS information was used to capture rates of use at Intake and change of this use at 3 and 6 month Updates. MAJORS tools also captured mean age of first use of substances, mental health concerns, and stages of change at Intake. Weeks described how NC-TOPPS data are used and managed for the MAJORS program. She noted the primary outcome questions and moderators of outcome questions that MAJORS is most interested. These include:
    - Rate of change in tobacco use from Intake through 3 & 6 months
    - Rate of change in heavy alcohol use from Intake through 3 & 6 months
    - Rate of change in marijuana use from Intake through 3 & 6 months
    - Do MAJORS consumers reoffend?
    - Do MAJORS consumers improve in their school functioning? Truancy
    - Rate of change in school truancy from Intake to either 3 or 6 months of MAJORS
    - Do MAJORS consumers improve in their school functioning? Suspension
    - Rate of change in school suspensions from Intake to Either 3 or 6 months of MAJORS
    - Do MAJORS consumers improve in their school functioning? Expulsion
    - Rate of change in school expulsion from Intake to Either 3 or 6 months of MAJORS

  Weeks highlighted four outcome findings:
    - Nearly 80% of consumers showed an overall decrease in drug use between intake and six months.
    - On average, consumers significantly reduced their use of marijuana, with 86% of the consumers who used marijuana at intake reduced use by six months
    - Alcohol reduction approached significance, with 32% of the consumers who used moderate alcohol showed reduction in use at six months.
    - Significant improvements were found across several areas of functioning including school functioning, substance abuse and relatively low rates of

reoffending.

She also presented predictors of positive change in MAJORS consumers. Predictors for reduction in substance abuse include:

- race (non-whites improve at a faster rate than whites);
- living with parents (youth living with parents improve at a slightly greater rate than those not living with parents);
- gender (females improve at a slightly greater rate than males);
- age (older youth improve at a greater rate than younger youth); and
- Intake GAF Score (youth with higher GAF scores at intake improve at a slightly greater rate than youth with lower scores).

Predictors for lower rates of recidivism include:

- current enrollment in courses for credit (those enrolled in courses for credit are much less likely to reoffend than those not enrolled);
- current grade (youth in higher grades are less likely to reoffend than those in lower grades); and
- have children under 18 years of age (those without children are less likely to reoffend than those with children).

- They finished their presentation with their plans for future development. This included doing additional longitudinal analyses; continue to encourage MAJORS counselors to complete NC-TOPPS Assessments at all required intervals; add modules to the MAJORS Assessment System; train counselors in conducting CBT manualized, substance abuse, individual therapy; encourage adoption of and provide training in the use of evidence-based intervention programs; supplement outcome measures with data from additional informants; write grant proposals to enhance and expand adolescent substance abuse services; and continue to strengthen inter-system collaboration.

Review Revised Guidelines

- Shealy Thompson reiterated that the enhanced services terminology will be removed from the Guidelines. The wording will be any mental health or substance abuse consumer six years age and older who is receiving treatment as a member of a target population by an assigned LME is required to have a NC-TOPPS Assessment completed.
- A question was raised about the requirement to have a qualified professional (QP) do the NC-TOPPS with a consumer. It was pointed out that a QP is not consistently the one doing the Person Centered Plan. Often the professional doing the PCP is under the supervision of a QP. Spencer Clark responded. He stated that NC-TOPPS guidelines are trying to mimic reform and that under reform a QP should be doing the PCP. For right now, LMEs/providers can engage in a conversation with the Division about their practice. The Division tries to follow LMEs/providers clinical practice. He suggested that the LME/provider send a description to the Division of its clinical practice in completing NC-TOPPS. The Division is trying to accommodate the programs.

NC-TOPPS Tracking Reports

- Thompson briefly discussed the Initial Tracking Reports. These reports emphasize

compliance. We are working on more carrots to encourage compliance.

- The Initial Reports that were sent out were for last fiscal year's data. The information was garnered from IPRS claims, Medicaid and the Division's client data warehouse (CDW). It was a rough stab at trying to capture compliance on NC-TOPPS Initial submissions. The feedback from the LMEs has been great. Right now Ward Condelli, Quality Management Team, is sorting through the feedback. A revised Initial Report will be sent out again next week. NC-TOPPS Initials were required only of those admitted to services during last fiscal year, SFY 2004-2005. The aim is to make this useful for LMEs and their providers. In the future, this report will be sent out monthly. It will include consumers that do not need to have NC-TOPPS Initials completed, such as those receiving detoxification services and transitional non-covered services. The LMEs will need to go through the list to determine what consumers should have had a NC-TOPPS Initial completed. The Division is working on what databases would be best in providing real time data. The Division is also looking at connecting the Initial Report to the online system.
- Thompson also shared that the Client Services Data Warehouse (CSDW) is becoming available. She noted that trainings are starting for providers to learn to develop queries. She suggested that if anyone was interested in more information they should contact Tom Palombo from the Division. She noted that LME queries from the CSDW can be client specific, but the provider queries will be at the aggregate level.
- She also shared that the quarterly compliance reports will include Medicaid consumers.

Division Update

- Clark stated that a lot is swirling around with reform. Separate from reform NC-TOPPS is still important for accountability and quality improvement. The aim for both reform and NC-TOPPS is to improve clinical care.
- At this point, members raised issues.
- Someone asked if a clinician could bill telephone contact with a consumer. If it is part of an assessment with a consumer, it can be billed.
- Another concern expressed was how we can make NC-TOPPS more relevant to clinicians and consumers. Management sees the benefit of the reports and data for management purposes and quality improvement, but what kind of feedback is important to clinicians? Clinicians would like to see their patients outcomes compared to other similar patients. Clinical supervisors would like to assess clinicians, but also the organization's system. Dave Peterson pointed out that SouthLight used NC-TOPPS data to change client services. A direct benefit to client care was developed based on NC-TOPPS data. It was suggested that SouthLight present at one of our Advisory Meetings on how it used the data.
- The discussion then moved to concerns of front line providers. Some clinicians have problems using computers. Some need basic internet training. We need to address the front line therapists concern that the paperwork is taking away from therapeutic time. We need to get clinicians to use the data as a motivational tool with their clients. This would entail following the client over time. McNeely shared that a long term goal is to include in the NC-TOPPS online system a narrative notes section that clinicians could use. In addition, the data can be provided to programs through Access or Excel. The programs then can do further manipulation to improve use organizationally and by

clinicians.
- It was suggested that tying NC-TOPPS to best practice models would shape treatment and improvement of care at a grassroots level. We need to use NC-TOPPS data in this way when conducting training. This will appeal to providers. We need to develop concrete ways to use the data so results are seen and can be used by clinicians to shape treatment.

Other
- Clark acknowledged our guests (Al Bethke, Carol Council and Donna Medeiros) from the Research Triangle Institute (RTI). RTI has received the federal State Outcome Management System (SOMS) contract from SAMHSA. The SOMS contract is a four year contract that was awarded to RTI to aid all 50 states and territories toward gathering the National Outcomes Management System (NOMS) data that we went through at our last Advisory Committee meeting. He thanked our three guests for coming and for RTI being such a good partner with the Division.
- Clark also discussed the large methamphetamine study being done in New River, Smoky Mountain, Western Highlands and Foothills. The study will compare methamphetamine clients in these four LMEs with other NC clients receiving methamphetamine treatment.
- Clark noted that we need to start looking at doing similar kinds of studies in the mental health area. For example, Wake may be interested in looking at comparing its MST consumers to others.

Wrap Up and Adjournment
- The meeting was adjourned at 3:00 p.m. The next meeting is scheduled for January 26, 2006 from 10 a.m. to 3 p.m.